

focuses on the expanded definition of psychological maltreatment and the rigorous process through which the guidelines were updated and then highlights a case illustrating their application in child protection and forensic work. Attendees are referred to the *ASPAC Monograph on Psychological Maltreatment* for the clinical and forensic application of the *Guidelines*.

Methods: Preliminary to revising the *Guidelines*, Dr. Brassard, along with Columbia University graduate students, used published reviews and comparisons of all major definitions of psychological maltreatment to ensure that all relevant content was considered. They then reviewed all of the pertinent international research (epidemiological, community, and clinical sample groups) on the relationship between each form of psychological maltreatment and children's concurrent functioning and later adaptation in adulthood. Subcategories of psychological maltreatment strongly supported by the research literature (e.g., psychological control) were added.

Results: The revised *APSAC Guidelines* retain the same six forms of psychological maltreatment as in earlier publications (spurning; terrorizing; isolating; corrupting/exploiting; emotional unresponsiveness; and mental health, medical, and educational neglect) but with expanded content under each. The revised definition provides clear guidance to child protection workers and forensic evaluators. The literature review in the *APSAC Monograph on Psychological Maltreatment* provides the research base for testimony; practical worksheets and examples are available for case application.

Conclusions: The revised *Practice Guidelines* are a powerful tool for professionals assessing children for suspected psychological maltreatment.

CAN, DIAG, FAM

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75.3 BONDED TO THE ABUSER: HOW AND WHY MALTREATED CHILDREN FORM AND MAINTAIN ATTACHMENTS TO ABUSIVE CAREGIVERS



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Objectives: The purpose of this presentation is to explain how and why children who have been maltreated by a parent will nonetheless form and maintain an attachment to that parent.

Methods: The presenter reviewed several bodies of research and clinical writings, including the following: 1) 45 memoirs written by adults who were maltreated; 2) attachment theory as conceptualized by John Bowlby, Mary Ainsworth, Mary Blehar, and other seminal writers; 3) attachment research, including a meta-analytic study of patterns of attachment in maltreated children; 4) a review of research studies in which children in foster care were interviewed; and 5) writings and formalized observations of leaders in the field of treatments for abused and neglected children.

Results: The theory and data converge to confirm that regardless of the quality of the parent-child relationship and even in the face of extreme and ongoing maltreatment by a caregiver, maltreated children form and work to maintain close intimate bonds with abusive parents.

Conclusions: This conceptualization of the psychology of the maltreated child has relevance for mental health treatment for maltreated children as well as formerly maltreated adults seeking to understand and work through their traumatic childhoods.

ATTACH, CAN, FAM

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75.4 PARENTAL ALIENATION: A SPECIFIC EXAMPLE OF CHILD PSYCHOLOGICAL ABUSE



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Objectives: The purpose of this presentation is to explain how causing parental alienation is an important contemporary example of child psychological abuse. Parental alienation is the mental condition of a child (usually one whose parents are engaged in a high-conflict separation or divorce) who

allies strongly with one parent (the alienating parent) and rejects a relationship with the other parent (the target parent) without legitimate justification.

Methods: The presenter will review the definitions of child psychological abuse and compare them to typical behaviors of alienating parents. In addition, he will review the world literature on parental alienation, which uniformly characterizes child psychological abuse as the indoctrination of a child to reject a relationship with a parent without a good reason.

Results: Typical features of psychological maltreatment occur in cases of parental alienation: 1) rejecting—parent A scorns the child when he imitates or resembles parent B; 2) isolating—parent A keeps child from seeing parent B; 3) ignoring—parent A ignores child when he expresses an interest in seeing parent B; 4) terrorizing—parent threatens to kill himself unless children express devotion to him; 5) corrupting—parent A teaches child to lie to parent B and spy on activities in parent B's household; and 6) degrading—parent A says child is stupid for wanting to spend time with parent B. Furthermore, the presenter will review mental health literature from various countries, such as Argentina, Germany, Italy, South Africa, Spain, Sweden, and the United States, which describes parental alienation as a form of child psychological abuse. He will review the laws of two countries, Brazil and Mexico, which define the parental alienation as a form of child abuse.

Conclusions: Indoctrinating a child to hate or fear a parent without a good reason is a form of child psychological abuse. Clinicians should use the *DSM-5* diagnosis of child psychological abuse when an alienating parent is determined to cause parental alienation in his or her children. Child protection personnel should investigate cases of parental alienation as instances of child psychological abuse.

CAN, FAM, FCP

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SEX TALK: PROMOTING HEALTHY OUTCOMES BY FACING DIFFICULT DISCUSSIONS



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Objectives: The goal of this session is to provide child psychiatrists with a new set of tools and rubrics by which to talk to children and adolescents about difficult topics relating to sex, sexual behavior, and sexual violence.

Methods: Presenters will use a combination of reviewing current research literature and clinical best practices. In addition, several presenters will highlight active research studies that examine the elements of the topics outlined and will include relevant materials and new research when it becomes available. When relevant, AACAP Practice Parameters and Policy Statements will be reviewed and distributed to members who attend the session. The agenda is as follows: 1) Sexual Attraction and Relationships (Cynthia Telingator, SOGII Committee Member); 2) Gender Identity and Non-Conforming Youth (Rebecca Hopkinson, SOGII Committee Member); 3) Sexting (Andrea Mann, Ethics Committee Member); 4) Human Immunodeficiency Virus Infection (HIV) Prevention and Use of PrEP in Adolescents (Shervin Shadianloo, SOGII Committee Member); 5) Talking about Sexual Violence with Youth (Judy Cohen, Cytomegalovirus Committee Member); and 6) Youth Commercial Sexual Exploitation (Eraka Bath, Children and Law Committee Member). Discussants Larry Brown (HIV Issues Committee Member) and Scott Leibowitz (co-chair of the SOGII committee) will comment on the relevance to clinical practice with all youth and the applicability to the specific unique populations of youth whom they specialize in treating.

Results: We anticipate significant interest in this Clinical Perspectives session as the topics addressed in this session touch on issues that child psychiatrists face in everyday practice. The review of sexual development, the impact of sexual and gender variation, impacts of trauma, the involvement of family, the